REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 7-22-05 2 Serial/Patent # 0 / 51 9 8 7 5			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		12/30/04	\$100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT S 100		
	8 TO BE I	REFUNDED E	3Y:
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	9 1 5 0 700		
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: # JOHNSON TITLE: Muslegal  Office of the state of			
SIGNATURE: ACADMIN PHONE: 308-9440			
OFFICE:			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: DATE:			
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B